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## Facsimile

To	Company	Fax Number	Phone Number
Examiner Hai Vo	USPTO	571-273-1485*	
Date	Client/Matter Number		
June 15, 2004	Appln. No. 10/084,359; our ref. 213202.00375		
From	Attorney Number		
Debbie Warren/RPB	33549		
Phone	Fax		
202-625-3509	202-298-7570		

**Total number of pages, including cover letter: 20**  
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### Comments

Attached is a Request For Continued Examination (RCE) and a Preliminary Amendment for Appln. No. 10/084,359.

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In re Application of:

Docket No. 213202.00375

DEBRA MARIE CAPPJCCI, ET AL.

Application No.: 10/084,359

Examiner: Hai Vo

Filed: February 28, 2002

Group Art Unit: 1771

For: FOAM PAD AND PROCESS  
FOR PRODUCTION THEREOF

Date: June 15, 2004

THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Request For Continued Examination Transmittal (RCE) and a Preliminary Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 49	MINUS	** 49	= 0	x \$9 \$18	\$000.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$000.00
Fee for Multiple Dependent claims \$145*/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT-						\$000.00

- \*Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$\_\_\_\_\_ is enclosed.
- Charge \$\_\_\_\_\_ to Deposit Account No. 50-1710 for the additional claims fee. A duplicate copy of this sheet is attached.

- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- Charge \_\_ to Deposit Account No. 50-1710 to cover the fee for a — month extension of time fee. A duplicate copy of this paper is attached.
- Charge \$\_\_ to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorneys for Applicants  
Registration No. 31.588

PATENT ADMINISTRATOR  
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